

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50	<del>5</del>					
TOTAL IND.	5					
TOTAL DEP.	33					
TOTAL CLAIMS	38					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS